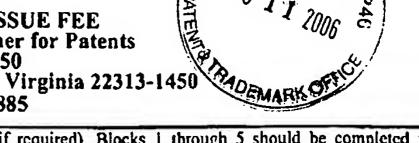
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APPLICATION NO.	FILING DATE	FIRST NAMED IN		ENTOR	ATTORNEY DOCKET NO	. CONFIRMATION NO.
TITLE OF INVENTION: \	ARIANT TLR4 NUCLEIC		· · · · · · · · · · · · · · · · · · ·			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional YES		\$700		\$300	\$1000	08/08/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS		
HAMUD, FOZIA M		1647		435-091200	_	
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Address form PTO/SB/I "Fee Address" indica PTO/SB/47; Rev 03-02	ation (or "Fee Address" Indic	ation form e of a Customer	2 registered pate listed, no name v	will be printed.	<u></u>	
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Address form PTO/SB/I "Fee Address" indicated PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in the control of the control o	or more recent) attached. Us D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion	e of a Customer BE PRINTED ON Telow, no assignee of this form is NO	listed, no name verified the PATENT (print data will appear on a substitute for fill (B) RESIDENCE:	t or type) the patent. If an assigning an assignment. (CITY and STATE OR	gnce is identified below, the COUNTRY)	e document has been filed
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